

ANNUAL PERFORMANCE REPORT August 2010

Connecticut's analysis of occupational disease underreporting is up-to-date and ongoing, through our partnership with our collaborators at the University of Connecticut Department of Occupational and Environmental Medicine. Comparison of data from the Occupational Illness and Injury Surveillance System (OIIS) and the Connecticut Workers' Compensation Commission is performed annually in order to estimate the amount of occupational disease underreporting that occurs in Connecticut. A preliminary comparison of overlaps of reports to the two systems (matching on first and last name, not adjusting for last name misspellings, but adjusting for duplicates) found 48 cases reported to both systems (1 lung, 35 MSD, 10 skin, and 2 other). This generates an unadjusted estimate of 38,600 unreported occupational illnesses (in addition to the 2,792 unique cases reported to at least one system) for a total estimate of 41,392 cases. This results in an estimate of only 3.8% of occupational illness cases being reported to Workers' Compensation, and 3.0% of cases reported to the OIIS.

Our current funding has allowed Connecticut to complete analysis for all 19 *Occupational Health Indicators* for 2007. Currently, Connecticut has an eight-year dataset of compiled indicators from 2000-2007. In addition, Connecticut agreed to adopt a twentieth indicator, *Work-Related Low Back Disorders Hospitalizations* as part of our annual indicator analysis. A summary data report of all compiled Connecticut indicators and profile demographic data was provided to the central data repository for indicator data from surveillance states, located at the Council of State and Territorial Epidemiologists (CSTE) in June 2010 for 2007 data. The Connecticut-specific occupational health indicators web report will be annually updated as new data is compiled, and will be disseminated to appropriate stakeholders, regional partners, and other interested parties as required. The report is posted on the Connecticut DPH website at http://www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf. The web report includes summary data for each of the 19 indicators along with information from the demographic profile, and also includes comparisons of Connecticut data to U.S. data. Currently indicator data is being compiled for a larger Connecticut ten-year report that will be published in early 2011. The Occupational Health Unit continues to provide work-related injury data from the *Occupational Health Indicators* to the CT DPH Injury Program and is also a member of the Connecticut Injury Community Planning Group. Historical indicator data pertaining specifically to Indicator 1 *Non-fatal Injuries and Illnesses Reported by Employers* was presented as the main meeting topic at the summer Connecticut Injury Community Planning Group meeting in 2009.

Work-related asthma and heavy metal poisoning expanded surveillance activities continued this year. From April 1, 2009 through June 30, 2010 there were 172 Mercury poisoning reports received that were either ≥ 15 ug/L of whole blood or 35 ug/g creatinine in urine. Of those 172 reports received, 16 were at the Connecticut Department of Public Health's follow-up level which is ≥ 30 ug/L of whole blood or 35 ug/g creatinine in urine. Of those 16 reports, one case was determined to be work-related and investigated resulting in an OSHA referral. In earlier work, it was found that most cases of mercury poisoning between 15 and 30 ug/L whole blood were the result of fish consumption, and therefore DPH set the follow-up level at its current level to focus on occupational mercury poisonings. From April 1, 2009 through June 30, 2010, there were no cadmium poisoning investigations and two arsenic investigations. From April 1, 2009 through June 30, 2010, the CT DPH OIIS has received one work-related asthma report. Reports of work-related asthma were lower in this reporting period than in the past due to delays in processing physicians' reports at the Connecticut Department of Labor. Normal reporting flow has resumed currently and case counts should be reflected in the next reporting period.

The goals for the Connecticut Occupational Safety and Health Planning and Action Network (OSH-PLAN) have been accomplished through the collaborative efforts of partners from The University of Connecticut Division of Environmental and Occupational Medicine (DOEM), CT DPH, and other appointed members of the advisory group representing labor unions, workers' compensation insurers, private consultants, business groups, and legal representatives. . The

input from the members of the advisory group was compiled and developed into a complete OSH-PLAN report. Currently the OSH-PLAN report is in the implementation phase and will be used to inform our state-agency and federal partners, legislators and other stakeholders within our state of the needs of the occupational public health community in Connecticut. This report is also currently being used to direct occupational health surveillance, intervention, and education initiatives.

Currently the Occupational Health Unit continues Health Alert publications on important occupational health topics identified by the program. The Spring 2010 Health Alert focused on highway work zone visibility and detailed the risks of highway work, the implications of not wearing high visibility gear, and ways to choose the correct gear to wear given the job being performed. Through our continued partnership with the Connecticut Construction Industries Association (CCIA), CT DPH delivered this health alert to over 500 CCIA newsletter subscribers, as well as to over 100 CCIA members who subscribe online. In addition a *Connecticut Young Worker Safety Team* fact sheet focusing on the prevention of young worker injuries, a background on the scope of young worker injuries, and a comprehensive list of resources for young workers is in a draft stage. This fact sheet will be shared with young workers, employers, and other stakeholders, and posted to the CT DPH website in late-2010. In addition, young worker data detailing the scope of young workers injured in Connecticut each year was compiled using data from the Current Population Survey, Connecticut Workers Compensation Commission, and Connecticut hospital discharge data (CHIME). This research was presented in a poster at the Council of State and Territorial Epidemiologists annual conference in June 2010. The Connecticut Occupational Health Alerts are continually posted on the CT DPH website in order to allow for easier accessibility by the targeted audience as well as other stakeholders. These and other materials produced by the CT DPH Occupational Health Unit are also sent to the NIOSH State-Based Surveillance Clearinghouse via RSS feed.

The 2010 Northeast Regional Surveillance meeting convened on May 3rd and 4th. This annual meeting brings together all occupational health surveillance partners from throughout the Northeast States as well as federal partners from NIOSH to discuss various health topics of interest to our states. Collaboration between CT DPH and our regional partners from Massachusetts, New York and New Jersey allowed for the completion of a multi-state analysis of work-related burn indicator data. A session convened during the May 2010 meeting focused on the results of the regional burns project and what the lessons were learned from the project. Findings of the burns analysis across all states showed that burns were the most costly work-related hospitalization, more than twice the cost compared to the mean cost for all work related hospitalizations. Women were less likely to be hospitalized with a work related burn compared to men. Of all the burn hospitalizations from the four participating states, women received 11.5% of the work related burns, while men received 88.5% of the burns. States also discussed the difficulties associated with “long distance” projects, which included difficulty coordinating calls, sharing data over conference calls, and timely turn around of data. The Northeast states also discussed ideas for future regional collaborative projects that include a potential project aimed at commercial fishing operations and a mentoring project across states.